

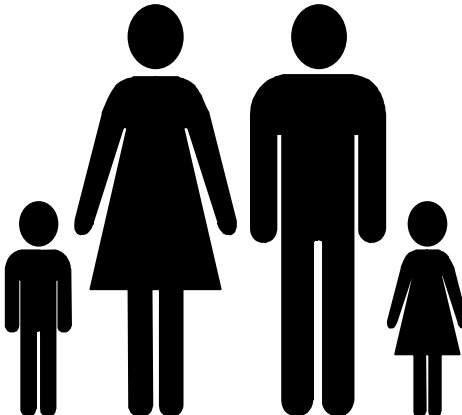
HOW TO PAY FOR SERVICES YOU RECEIVE

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

[Mental Health Services](#)
[Alcohol and Drug Services](#)
[Mental Retardation Services](#)

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Message to You, Our Client

The Mission of the Fairfax-Falls Church Community Services Board (CSB) is to:

- ◆ Serve residents of Fairfax County and the Cities of Fairfax and Falls Church, Virginia with or at risk of severe and persistent mental illness or acute psychiatric/emotional distress; mental retardation; or alcohol or substance use disorder.
- ◆ Empower and support the people we serve to live self-determined, productive and valued lives within our community.
- ◆ Identify, develop and offer programs on prevention, intervention, treatment, rehabilitation, residential and other support services in a personalized, flexible manner appropriate to the needs of each individual and family whom we serve.

The Need to Charge Fees and Availability of Subsidies

Fees are charged to offset the cost of providing treatment services. You, and/or your legally responsible party, are responsible for paying the full fee for services. If you, or your legally responsible party, are unable to pay the full fee, you may request a subsidy and/or an extended payment plan.

Subsidies can only be applied to services not covered by your insurance. Subsidies are based on the CSB's Ability-to-Pay Scale guidelines.

When requesting a subsidy based on the Ability-to-Pay Scale, you must submit documentation of your income and family size and sign a fee agreement at least once a year, or whenever financial circumstances change, in order for the subsidy to remain in effect.

Annual Review of Fees

Fees are reviewed and established annually by the CSB Board of Directors and submitted to the Fairfax County Board of Supervisors and the Fairfax and Falls Church City Councils. The new CSB Fee Schedule goes into effect every year in October. Your November bill will reflect the charges that go into effect in October.

Fee Payment Information

- ◆ You and/or your legally responsible party are responsible for paying for services you receive.
- ◆ You will not be refused services solely on the basis of your inability to pay.
- ◆ A fee subsidy may be granted upon request except in the following circumstances:
 - Services that are covered by your health insurance plan
 - Services provided to persons who are not residents of Fairfax County or the Cities of Fairfax and Falls Church, Virginia
 - Services which have been determined by the CSB to be ineligible for a subsidy, such as flat rates charged for lab fees.
- ◆ If you are unable to pay the full fee of service, you may request a subsidy, a supplemental subsidy, and/or extended payment plan.
- ◆ Fee subsidies and extended payment plans may be granted upon application. The criteria used for determining eligibility for fee subsidies and for extended payment plans will be explained.
- ◆ You are required to make some payment each time you receive services. Payment procedures and options shall be explained fully.
- ◆ If you have insurance you must provide the necessary information to allow the CSB to bill for services. You will be responsible for paying the deductible and co-insurance amounts specified by your insurance company for your plan's mental health and/or substance abuse services. If you refuse to provide us with your insurance information, you will be billed the full fee for services as listed on the CSB's fee schedule.
- ◆ Currently, we participate with the following insurance companies: Virginia Medicaid, Medicare, Tricare, CareFirst and Anthem. If you have another insurance company you must have out of network benefits, otherwise you will be billed at full fee.
- ◆ Unpaid service fees, including insurance deductible and co-insurance amounts, will be billed at the end of each month. Payment is due upon receipt of your monthly statement.
- ◆ Collection of unpaid balances will be pursued.
- ◆ You will be made aware of the ability to appeal fee determinations.
- ◆ Your service provider or the administrative staff person at the site where you receive services will assist you with updating your annual fee agreement and with any questions you have regarding your fees.

Chart Showing Changes in FY2006 Fairfax-Falls Church CSB Fee Schedule from FY2005

(Changes to Both Fees and Service Descriptions)

[Doesn't Apply To Early Intervention Part C Services]

Service	Old Fee	New Fee
Alcohol and Drug <i>Outpatient</i> Initial Evaluation/ Assessment	Footnote (a) School and Court referrals for initial evaluation and assessment are not charged a fee	Footnote (a) is changed by adding the word "Juvenile" before Court referrals
Alcohol and Drug <i>Outpatient</i> ARC Screening	\$25.00 per Event	\$25.00 Flat Rate*
Mental Health <i>Residential Treatment</i> Stevenson Place	\$1,045.00 per Month	\$ 1,086.00 per Month**
Mental Health <i>Early Intervention</i> ADAPT Program Intake	\$60.00 One Time Fee	\$60.00 Flat Rate*
Mental Health <i>Early Intervention</i> ADAPT Group	\$20.00 per Event	\$20.00 Flat Rate*
Mental Health <i>Early Intervention</i> Missed ADAPT Group without 24-hour notice	\$20.00 per Event	\$20.00 Flat Rate*
Mental Health <i>Early Intervention</i> All ADAPT Fees	Footnote (a) Not subject to Ability-to-Pay unless the client is already enrolled in other CSB services	Footnote (a) is deleted as Flat Rate now applied to all ADAPT fees which is not subject to Ability-to-Pay under any circumstances
Mental Health <i>Residential Treatment</i> Crisis Care for Adults	\$365.00 per Bed Day	\$495.00 per Bed Day
Mental Health Mental Retardation Targeted Case Management	\$270.00 per Month	\$326.50 per Month**
Mental Retardation <i>Residential Support</i> Residential Waiver	\$12.81 per Hour	\$13.45 per Hour

* Not subject to subsidy

** Effective July 1, 2005

See Next Page for Complete Schedule of Fees for All Services

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

FY2006 Fees

Effective October 2005

Service	Unit of Service	FY2006 Fee
Alcohol and Drug		
Outpatient		
Initial Evaluation/Assessment (incl MH/SA) (a)	Event	\$150.00
Individual Aftercare	1/4 Hour	\$25.00
Family	Event	\$100.00
Crisis Intervention	1/4 Hour	\$25.00
ARC Screening	Flat Rate (b)	\$25.00
Counseling Group/Aftercare	Event	\$30.00
Detox Admission	Event	\$20.00
Evaluations		
Psychiatric Evaluation	1/4 Hour	\$50.00
Day Treatment		
Adult	Day	\$67.00
Adolescent	Day	\$67.00
Women's Center	Day	\$67.00
Residential Treatment		
Crossroads (Youth)	Bed Day	\$162.00
A New Beginning/Phoenix	Bed Day	\$150.00
Sunrise House I	Bed Day	\$288.00
Sunrise II	Bed Day	\$295.64 (c)
New Generations	Bed Day	\$130.00
Contract Supervised Residential Services	Month	\$260.00-\$410.00
Re-entry Apartments	Month	\$130.00-\$205.00
Early Intervention:		
Family Intervention (4 Hrs.)	Hour	\$25.00
<p>(a) School and Juvenile Court referrals for initial evaluation and assessment are not charged a fee.</p> <p>(b) Not subject to subsidy.</p> <p>(c) Proposed CSA Rate.</p>		

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD FY2006 Fees Effective October 2005		
Service	Unit of Service	FY2006 Fee
Mental Health		
Outpatient		
Initial Evaluation/Assessment (incl MH/SA)	Event	\$150.00
Individual	1/4 Hour	\$25.00
Family	Event	\$100.00
Crisis Services: crisis intervention, crisis stabilization, pre-screening for hospital admission, emergency visit, emergency residential screening	1/4 Hour	\$31.00
Group	Event	\$60.00
Procedure for Injection	Event	\$12.00
Medication Mgmt. by Medical Staff	Event	\$62.00
Urine Collection	Event	\$25.00
Targeted Case Management	Month	\$326.50 (a)
Targeted Residential Support Services	Units	\$91.00
Evaluations		
Psychological Testing	1/4 Hour	\$50.00
Psychiatric Evaluation	1/4 Hour	\$50.00
Other MH Evaluation/Report	1/4 Hour	\$50.00
Day Treatment/Support		
Adult Day Treatment	Day Units	\$36.23
Adolescent Therapeutic Day Treatment	Day Units	\$38.05
Psychosocial Rehabilitation	Day Units	\$24.23
Early Intervention		
ADAPT Program Intake	Flat Rate (b)	\$60.00
ADAPT Group-	Flat Rate (b)	\$20.00
Missed ADAPT Group without 24-hour notice	Flat Rate (b)	\$20.00
Bereavement Counseling	One-Time	\$25.00
Residential Treatment		
Crisis Care For Adults	Bed Day	\$495.00
Crisis Care For Youth	Bed Day	To Be Determined
My Friend's Place	Bed Day	\$373.19 (c)
Sojourn House	Bed Day	\$298.44 (c)
Stevenson Place	Month	\$1,086.00 (d)
Therapeutic Apt / GH Programs		<i>Percent of Client Gross Income</i>
Support Services		30%
Drop-In Support Services		10%
(a) Effective July 1, 2005. (b) Not subject to subsidy. (c) Proposed CSA Rate. (d) State Auxiliary Grant Rate, effective July 1, 2005.		

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD

FY2006 Fees

Effective October 2005

Service	Unit of Service	FY2006 Fee
<u>Mental Retardation</u>		
Targeted Case Management	Month	\$326.50 (a)
Residential Support Services:		
Residential Waiver Services	Hour	\$13.45 (a)
Percent of Gross Income		
Intensive Residential Support Services	Month	65%
Supervised Family Living (Sponsored Placement)	Month	50%
Moderate Residential Support Services	Month	30%
Drop-In Support Services (b)	Hour	\$2/hour
<u>All Service Area Charges</u>		
Prevention -- Consultation and Education	1/4 Hour	\$25.00
Transportation (c)	Month	\$80.00
(a) Effective July 1, 2005		
(b) Up to 10% of person's income.		
(c) Charges not subject to subsidy.		
<u>Ancillary Charges</u>		
Cancelled or Broken Appointment without 24-Hour Notice (MH/AD) (a)	Event	\$25.00
Returned Check - All Programs	Flat Rate	\$25.00
Legal Testimony	1/4 Hour	\$25.00
Staff Travel Time	1/4 Hour	\$25.00
Lab Tests	Flat Rate	Actual Cost
Release of Information		
Copying	Per Page Up to 50 Pages	50¢
	Per Page 51 Pages and Up	25¢
Research	Event	\$10.00
Workman's Compensation	Event	\$15.00
(a) Medicaid regulations prohibit charging Medicaid clients for missed appointments.		

If you have questions or need additional information after contacting staff at the site where you receive services, please call the:

**FAIRFAX-FALLS CHURCH COMMUNITY
SERVICES BOARD**

Combined Reimbursement Unit

12011 Government Center Parkway
Suite 836

Fairfax, VA 22035

703-324-7026

TTY 703-802-3015

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